

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM DATAMASTER MAINTENANCE REPORT

RECEIVED By Carol Day at 9:57 am, Apr 15, 20

REPORT #6

Complete this report at the time of the region Complete this report whenever the instrum Retain the original and send a copy within	ent is serviced or rep	aired and whenever it is	placed into service.).	
DATAMASTER SN NAME OF AGENCY 201230 Cape Girard	nent	DATE OF INSPECTION 04/04/2013			
LOCATION OF INSTRUMENT (STREET AND CITY) 40 S. Sprigg Cape Glrardeau (Bookin		TIME OF INSPECTION 10:18 am			
CHECKLIST: Place a mark in the box by ea	ch item if found to be		1	mils. (Write in observed values	
where determined.) Unmarked items must DIAGNOSTIC CHECK (PRINTOUT AT			(from printout) 04-04	-2013 1018	
	TAORED)		(nom printion) <u></u>		
☑ COMPUTER		☑ DETECTOR			
☑ PROGRAM	•	FILTERS			
☑ HEATERS SAMPLE CHAMBER	<u>48</u> °C	Quartz stan	NDARD		
☑ FLOW DETECTOR					
PUMP HIGH SPEED		✓ PRINTER			
☐ INDICATOR LIGHTS					
SIMULATOR SOLUTION SUPPLIER F	RepCo. Marketing	LOT#_1	2002 EXI	P. DATE 08/29/2014	
SIMULATOR TEMP (34°C ± 0.2°C)	34.0 °C	SIMULATOR SN	SD2221 EX	P. DATE 03/12/2014	
A CALIBRATION CHECK - (ONLY ONE S	STANDARD IS TO BE	USED PER MAINTEN	ANCE REPORT)		
Run three tests using a standard solution less. Mark the box corresponding to the				oust have a spread of .005 or	
0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ	BETWEEN 0.095% A	ND 0.105% INCLUSIVE	•		
0.040% STANDARD · MUST READ	BETWEEN 0.038% A	ND 0.042% INCLUSIVE			
TEST 1 × ,101	TEST 2 № .102		TE\$T 3 ★ .102		
PERFORM R.F.I. TEST (PRINTOUT AT	'ACHED)				
NDICATE THE NUMBER OF BREATH TES OO NOT INCLUDE SELF-ADMINISTERED		VING RANGES SINCE 1	THE LAST MAINTEN	ANCE REPORT:	
REFUSALS 5 (004) 9	(.0509) 2	(.1014) 6	(.1519) 0	OVER .19 1	
JST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR I USE OTHER SIDE IF NECESSARY).	ODIFICATION THAT WAS HA	de to restore the instrumen	IT TO OPERATE SATISFACTO	RILY AND WITHIN ESTABLISHED LIMITS	
			•		
			•		
NSPECTING OFFICER					
BNATURE		•	PRINT FULL NAME		
PE II PERMIT NUMBER/EXPIRATICA DATE			Kevin L. Eudy / Jeff Lucas		
220132 / 220133			(573) 335-6621		
287	eath Alcohot Program 75 James Blvd. olar Bluff, MO 63901	, MO Department of Hea	alth and Senior Servic	es, Southeast District Office	

3101-188 STOKYBROOK (1987) RALECK!, N.C. 27604 919-876-5480

CERTIFICATE OF ANALYSIS

MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc. LOT NUMBER: 11001 EXPIRATION DATE: March 21, 2013 at 11:59 p.m.

RepCo Marketing, Inc. certifies the following:

RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 11001 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain 1213 gms/dl +/-003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interferring substance.

This solution will produce a vapor alcohol value of 1011 4/3% gms/210L Breath when heated to 34 Degrees Celsius +/-0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is <u>March 22, 2011</u>.

The expiration date for this lot number is <u>March 21, 2013</u>: at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.

Cecil B. Games, President RepCo Marketing, Inc.

BAC DataMaster Evidence Ticket

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Operator Signature 6000 Histo S- 12100

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BAC DataMasterEvidence Ticket

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or Signature Kelli-tin6 / 3- (MCES DEC.

Operator Signature

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State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



KEVIN'L EUDY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMÄSTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577,020 through 577.041, RSMo 1986.

Date 06/12/2012
Number 220132
Expires 06/12/2014

MO 680-0771 (1-86)

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Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (FLT-88)

State of Missouri DEPARTMENT OF HEALTH



MO 580-0771 (7-88)

PERMIT TYPE II



Lab. 4 (R7-88)

JEFFREY D LUCAS

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

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